



Dkt. 0575/55669-A-PCT-US/JPW/PJP/BJA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Cy A. Stein et al.
Serial No.: 09/753,169 Examiner: J. L. Epps-Ford
Filed : January 2, 2001 Group Art Unit: 1635
For : OLIGONUCLEOTIDE INHIBITORS OF bcl-xL

1185 Avenue of the Americas
New York, New York 10036
March 5, 2004

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

AMENDMENT IN RESPONSE TO JANUARY 5, 2004 FINAL OFFICE ACTION

This Amendment is submitted in response to a January 5, 2004 Final Office Action issued in connection with the above-identified application. A response to the January 5, 2004 Final Office Action is due April 5, 2004. Accordingly, this response is being timely filed.

Please amend the subject application as follows:

In re application of:

Cy A. Stein et al.

Serial No.: 09/753,169

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For: OLIGONUCLEOTIDE INHIBITORS OF bcl-xL

Examiner: J.L. Epps-Ford

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 Alexandria, VA 22313-1450

March 5, 2004

S I R:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. § 1.9 and § 1.27 has been established by a verified statement previously submitted.

a verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.

No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE	
					SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENT
Total Claims	3	28	0	x	\$9.00	\$18.00	0	
Independent Claims	2	6	0	x	\$43.00	\$86.00	0	
Multiple Dependent Claims(s) Presented <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					\$145.00	\$290.00	0	
For First Time:					TOTAL ADDITIONAL FEE \$ 0			

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

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Amendment Transmittal Letter
Page 2

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

_____ Please charge Deposit Account No. _____
in the amount of \$ _____.

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☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

☒ Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 C.F.R. §1.17.


Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

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